

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1910	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2017
NAME OF PROVIDER OR SUPPLIER THE HEALTH CENTER AT RICHLAND PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 06/06/2017 at 10:42 AM, revealed the 1 ½ hour fire door by the IL laundry room (separating the health care center (HC) and the independent living facility (IL)) did not latch within the frame. NFPA 101, 8.3.3.1 (2012 Edition) NFPA 80, 6.1.4.2.1 (2010 Edition)</p> <p>2. Observation on 06/06/2017 at 10:50 AM, revealed compressed gas stored in the soft drink fountain equipment room without a precautionary sign posted outside of the room. NFPA 55, 4.10.2.3 (2010 Edition)</p> <p>3. Observation on 06/06/2017 at 10:59 AM, revealed the 1 ½ hour fire door in the kitchen by the ice machine (separating the HC from the IL) did not self-close within the frame. NFPA 101, 8.3.3.1 (2012 Edition) NFPA 80, 6.1.4.2.1 (2010 Edition)</p> <p>4. Observation on 06/06/2017 at 11:00 AM, revealed the label painted over on the 1 ½ hour fire door in the kitchen by the ice machine</p>	N 831		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 831	Continued From page 1 (separating the HC from the IL). NFPA 101, 8.3.3.2.3 (2012 Edition) 5. Observation on 06/06/2017 at 11:27 AM, revealed multiple PVC pipe penetrations in the concrete ceiling of the parking garage below the health care kitchen. NFPA 101, 8.3.5 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017.	N 831		
N 902	1200-8-6-.09(2) Life Safety (2) The nursing home shall provide fire protection by the elimination of fire hazards, by the installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years. All fires which result in a response by the local fire department shall be reported to the department within seven (7) days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of resident(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility	N 902		

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N 902	<p>Continued From page 2</p> <p>shall provide such information.</p> <p>Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to provide fire protection.</p> <p>The findings included:</p> <p>Observation on 06/06/2017 at 11:14 AM, revealed an accumulation of combustible debris in the bottom of the elevator pit.</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/06/2017.</p>	N 902		